



# Maricopa County

## Environmental Services Department

Environmental Health Division  
 Plan Review Office  
 1001 N. Central Ste. #300  
 Phoenix, Arizona 85004  
 Phone: (602) 506-6980  
 Fax: (602) 506-6862  
[www.maricopa.gov/envsvc](http://www.maricopa.gov/envsvc)

### PLAN REVIEW APPLICATION – Public Accommodations

**NOTICE: AN ILLEGIBLE OR INCOMPLETE PLAN SUBMITTAL WILL BE REJECTED!**

Permission must first be obtained from the following local City/County/State regulatory authorities if necessary, prior to plan review by this Department; Zoning, Planning, Building, Engineering, Liquor Control, Fire, etc.

**PLEASE PRINT AND COMPLETE FOR THE PERMIT OFFICE.**

- ❖ Name of Establishment \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_
- ❖ Name of Owner (Billing Party) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_
- ❖ Projected date for start of project \_\_\_\_\_
- ❖ Projected date for completion of project/ operation of business \_\_\_\_\_

**FEE SUBMITTAL AMOUNT (Note: Fees are subject to change.)**

<u>Quantity</u>	<u>Plan Type</u>	<u>Amount</u>	<u>\$Total</u>
_____	*Public Accommodations	\$535.00	_____
_____	Remodel Fee – Approved Only By Plan Review Office Staff		_____
_____	**Expedite Fee	2x fee amount	_____
_____	***Plan Extension Fee	½ original fee amount	_____

**TOTAL DUE \$ \_\_\_\_\_**

\* - An additional permit is required for food service operations, including continental breakfasts.  
 \*\* - Establishments in operation or opening within 15 business days of plan submittal will be charged an expedite fee. All inspections are conducted during normal business hours Monday to Friday, between the hours of 8am and 5pm.  
 \*\*\* The approval of plans and specifications shall lapse and become invalid one year from the date of approval unless a substantial portion of the work described in the plans and specifications has commenced by such anniversary date. An approval of plans and specifications can be renewed for one year if an application for renewal is submitted within 180 days of expiration. A fee equal to one-half (1/2) of the initial plan review fee is paid. The approval will be effective for one year from the date of expiration.

**- OFFICE USE ONLY -**

Plan Review SG #'s \_\_\_\_\_  
 Kind (New, Existing, Remodel, Expedite) \_\_\_\_\_ Type \_\_\_\_\_  
 Date Received \_\_\_\_\_ Receipt # \_\_\_\_\_  
 Site Location \_\_\_\_\_  
 Plan Review District # \_\_\_\_\_  
 Old permit SG#'s \_\_\_\_\_

**SUBMIT (Please refer to the construction guideline for assistance.)**

- ✓ One (1) complete set of plans (minimum size 8.5" x 11" or larger)
- ✓ Plan Review fee(s)
- ✓ Include one (1) plumbing site plan (including wells & septic systems if project is not in any city).

**ENCLOSE THE FOLLOWING DOCUMENTS:**

- ✓ Finish schedule of interior finishes.
- ✓ Plumbing schedule.
- ✓ Plumbing layout showing type and location of equipment with drains.
- ✓ Equipment schedule showing type, manufacturer, and model numbers.
- ✓ Floor plan layout.
- ✓ Complete exhaust ventilation plans (HVAC), including restroom ventilation.
- ✓ Lighting plan.
- ✓ All existing equipment and finishes must be defined.
- ✓ Site plan showing the location of restrooms, mop basin, pools, alleys, streets, vacant lots, adjacent businesses, and outside equipment (dumpsters, well, septic system, etc.).

**FILL IN OR CHECK ALL THAT APPLY. PLEASE WRITE "n/a" IF NOT APPLICABLE.**

- ✓ Type of Public Accommodation: Hotel \_\_\_ Motel \_\_\_ Bed & Breakfast \_\_\_ Boarding Home \_\_\_  
Other (please specify) \_\_\_\_\_
- ✓ Number of dwelling units? \_\_\_\_\_
- ✓ Sewer Type: Public \_\_\_ Septic/ Private \_\_\_ Water Supply: Public \_\_\_ Well/ Private \_\_\_
- ✓ Food Service provided? Yes \_\_\_ No \_\_\_ Continental Breakfast? Yes \_\_\_ No \_\_\_
- ✓ I have obtained the necessary approvals from the proper local City/ County/ State regulatory authorities prior to this submittal? Yes \_\_\_ No \_\_\_

**PLEASE PRINT AND COMPLETE FOR PLAN REVIEW CORRESPONDENCE LETTERS.**

Name of Establishment \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name of Owner (Billing Party) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name of Architect \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Name of Contractor \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip Code \_\_\_\_\_  
Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

**I hereby certify that the above information is correct and these documents comply with the Maricopa County Health Code, and I fully understand that any deviation from the above without prior permission from this Environmental Health Regulatory Office may nullify final approval.**

**SIGNATURE**

**TITLE**

**DATE**

**NOTE:** Approval of these plans and specifications by this Regulatory Authority does not indicate compliance with any other code, law or regulation that may be required--federal, state, or local. It further does not constitute endorsement or acceptance of the completed establishment (structure or equipment). Multiple construction inspections and a final inspection of the establishment with equipment in place and operating will be necessary to determine if it complies with the Maricopa County Environmental Health Code governing establishments.

## ❖ FINISH SCHEDULE

INDICATE WHICH TYPE OF MATERIALS WILL BE USED IN THE FOLLOWING AREAS:

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Floor(s)	Wall(s)	Base/Cove	Ceiling(s)	Remarks:
Individual Room or Dwelling Unit(s)					
Individual Room or Unit Bathroom(s)					
Room or Dwelling Unit Kitchenette(s)					
Central Toilet Room(s)					
Central Shower(s)					
Public and Employee Restroom(s)					
Locker Room(s)					
Garbage & Refuse Storage:					
Mop Sink Area(s)					

## ❖ PLUMBING SCHEDULE

INDICATE ALL PLUMBING CONNECTIONS APPLICABLE TO THE ESTABLISHMENT.

PLEASE PRINT. WRITE "n/a" IF NOT APPLICABLE.

	Indirect drain connection/ Air Gap	Direct drain connection/ P-Trap	Backflow Preventer(s)	Condensate Pump	Remarks
Mop Sink(s)					
Ice Machine(s)					
House Keeping Dishwasher(s)					
Individual Unit Dishwasher(s)					
Drinking Fountain(s)					
Water Heater(s) (Indicate size & recovery rate.)					
Other:					

5-23-08 RS